

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

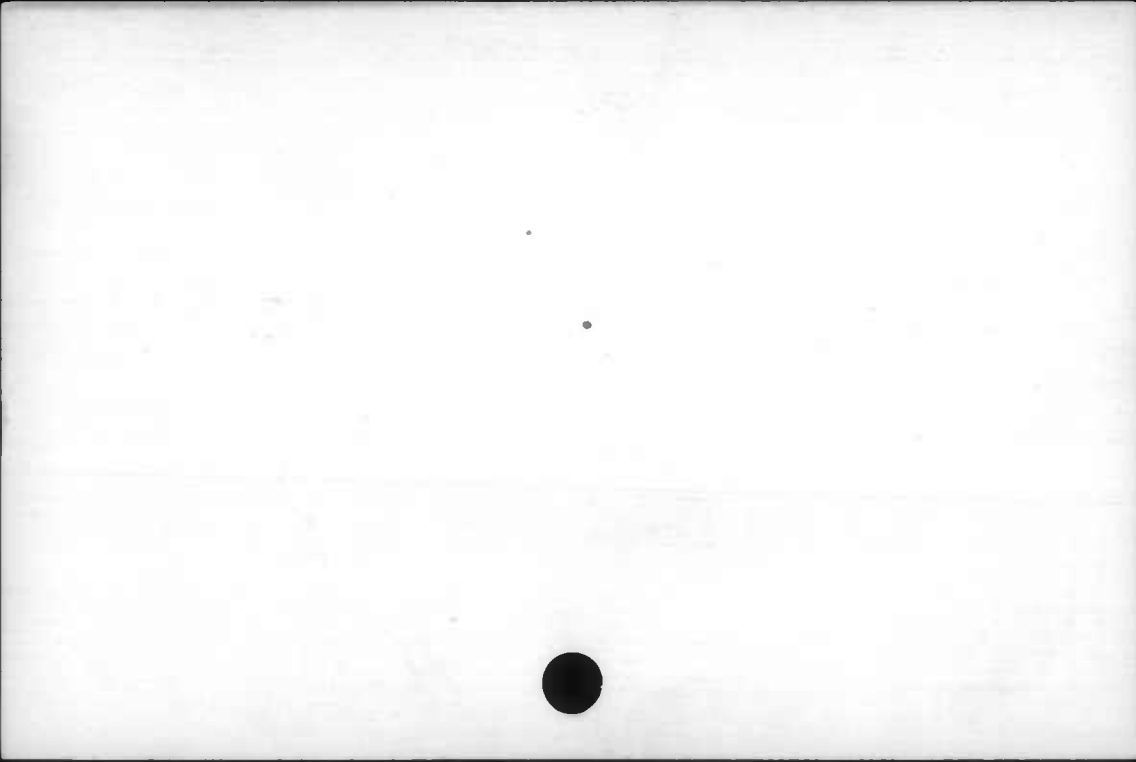
Died at <i>Baustow</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>Feb</i>	Day <i>15</i>	Years <i>62</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married <i>Single</i> or Widowed		Name of Wife or Husband <i>Thomas Burr</i>			
Father's Name <i>John Gerson</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Bettie Gerson</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>1 Yr</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Hung</i>
	Address <i>Baustow Md</i>
Accident or Suicide	



Name
in
Full

Laura V Buesmaster

CERTIFICATE OF DEATH

Died at *Prince George's* ^{Town} *Calvert* ^{County}

MARYLAND

Date of death 1900 *Feb* ^{Month} *16* ^{Day} *72* ^{Years} *72* ^{Age} *72* ^{Months} *72* ^{Days}Sex *Female* ^{Sex} Color or Race *white* ^{Color or Race} Birth-place *Calvert Co* ^{Birth-place}Occupation *Housewife* ^{Occupation} Where Residing if not at place of deathMarried, Single
or WidowedName of Wife or
Husband*Llewellyn Buesmaster*Father's Name *Haleworth Bowen*Father's Birthplace *Calvert Co*Mother's Maiden Name *Mionett*Mother's Birthplace *Not Ascertained*Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary *Pneumonia*How long *4 days*Immediate *Exhaustion*

How long

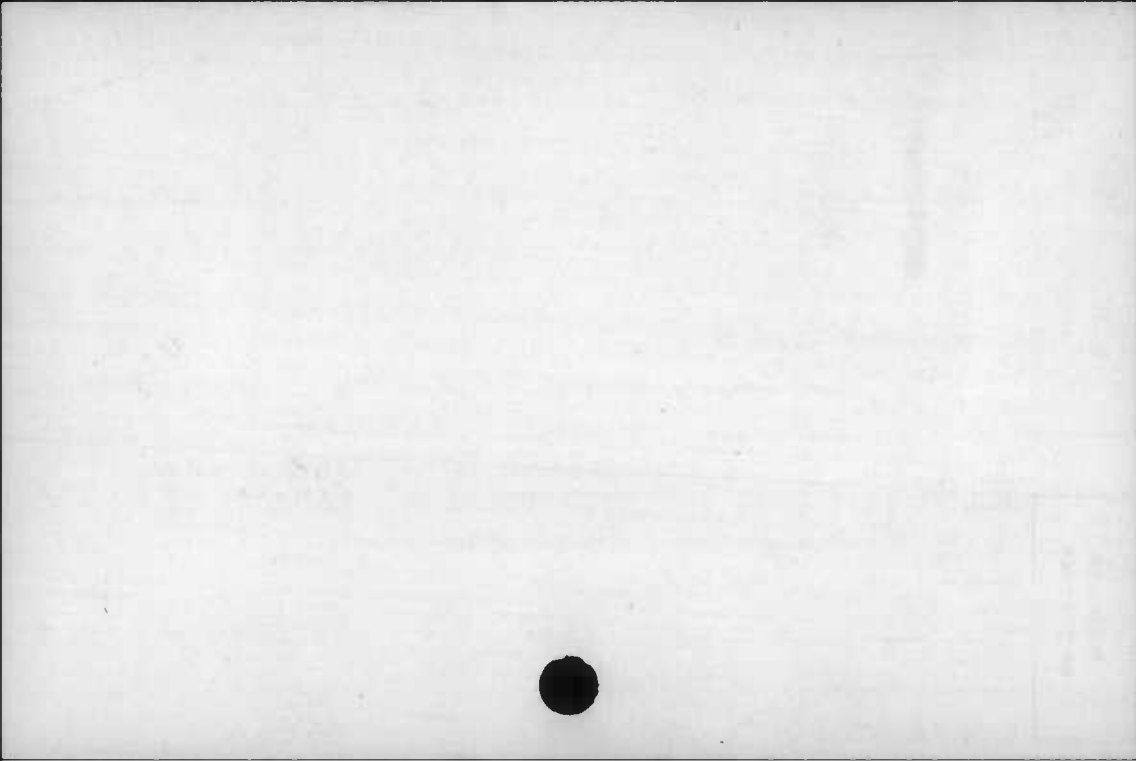
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. L. M. King
Barstow

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

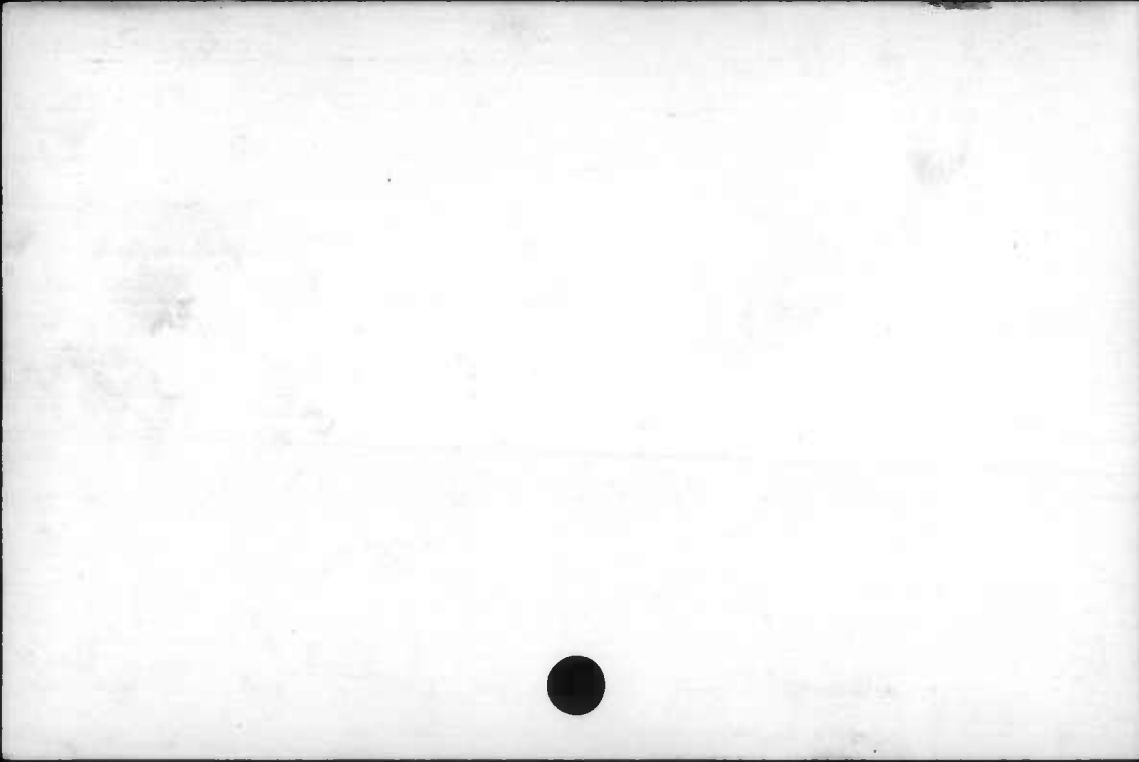
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Earl Crawford</i>		Town <i>Chambersville</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Chambersville</i>		Month <i>February</i>		Day <i>25</i>		Age <i>8</i>	
Date of death 190 <i>8</i>		Month <i>February</i>		Day <i>25</i>		Age <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Chambersville Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>None</i>					
Mother's Maiden Name <i>Estelle Crawford</i>		Mother's Birthplace <i>Calvert Co. Md.</i>					
Name of person giving Information <i>Henry Gray</i>		How related to deceased <i>Not related</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho - Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. P. M. Chaney M.D.</i>
	Address <i>Chaney Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benley Dugg

Died at *St. Leonard* Town *Ches* County **MARYLAND**

Date of death *1960* Month *Feb* Day *9* Age *49* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Ches*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Ben Dugg* Father's Birthplace *Ches*

Mother's Maiden Name *Louise Dugg* Mother's Birthplace *Ches*

Names of person giving Information *Pro Dugg* How related to deceased *Born*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gangrene of the dorsal surface of hand & feet due to Arteriosclerosis & poor circulation.* How long *16 days*

Immediate *Exhaustion* How long

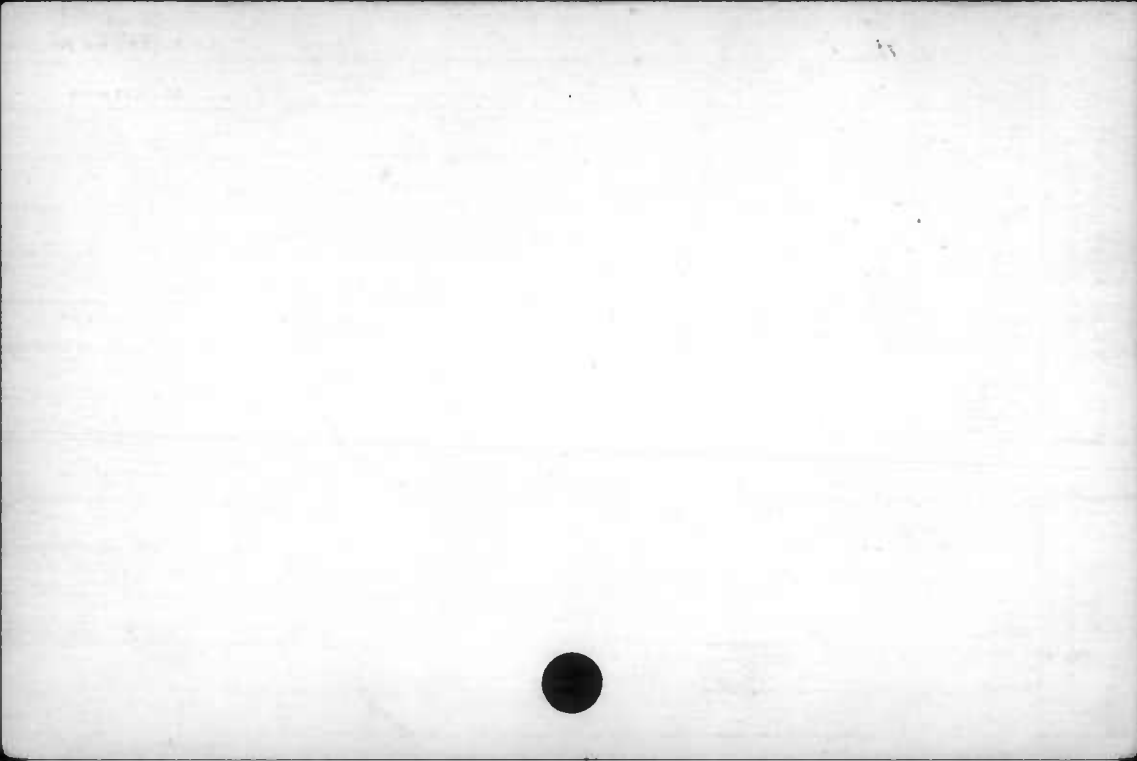
Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *George Peterson*

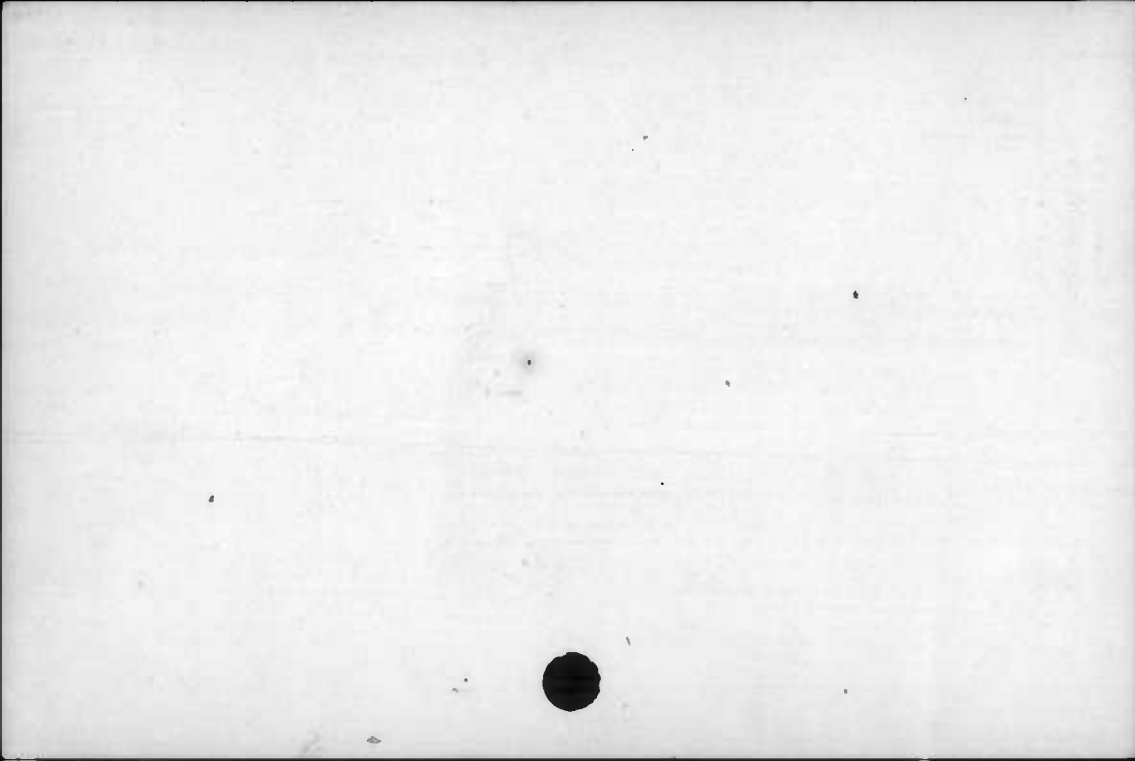
Address *St. Leonard*

Accident or Suicide

142 ✓



Name in Full		Martha Priscilla Elliott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1960	Month	Feb	Day	7
		Age		Years	82	Months		Days
		Sex	Female	Color or Race	White	Birth-place	Prince George C. Md.	
		Occupation	None		Where Residing If not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband		Thomas Elliott		
Father's Name		Alexander Posey				Father's Birthplace		Prince George C. Md.
Mother's Maiden Name		Martha Priscilla				Mother's Birthplace		Prince George C. Md.
Name of person giving information		Geo. A. Barnes				How related to deceased		Son
		CAUSES OF DEATH				(79)		
PHYSICIAN OR CORONER		Primary				Disease of Aortic Valves		
		Immediate				Dropsey		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				W. H. Marsh		
		Address				Solomons Md.		
Accident or Suicide?								



Name
in
Full

Katie Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potomac</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>19 10</i>	<i>Feb</i> ^{Month}	<i>24</i> ^{Day}	Age <i>28</i> ^{Years}	<i>1</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Calvert Co.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Joseph Ennis</i>			
Father's Name <i>William Smith</i>			Father's Birthplace <i>Cal' Co.</i>		
Mother's Maiden Name <i>Mertie Ennis</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

How related to deceased

29

PHYSICIAN,
OR CORONER

Primary <i>Pul' Tuberculosis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. H. Leitch</i>
	Address <i>Huntington</i>
	<i>W. D.</i>
Accident or Suicide?	



Name
in
Full

Sallie J. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chambersville</i>		County <i>Calvert</i>		MARYLAND	
Date of death	Month <i>Feb</i>	Day <i>26</i>	Age <i>71</i>	Months <i>11</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co.,</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William C. Porter</i>				
Father's Name <i>Thomas Lane</i>	Fether's Birthplace <i>Calvert Co.</i>				
Mother's Maiden Name <i>Rebecca Hardesty</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Jno E. Plummer</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Chronic Bright's Disease</i>	How long <i>Unknown</i>
Immediate <i>Uraemia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E H Himmman</i>
	Address <i>Lo. Manaboro, Md.</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER

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Name
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Full

CERTIFICATE OF DEATH

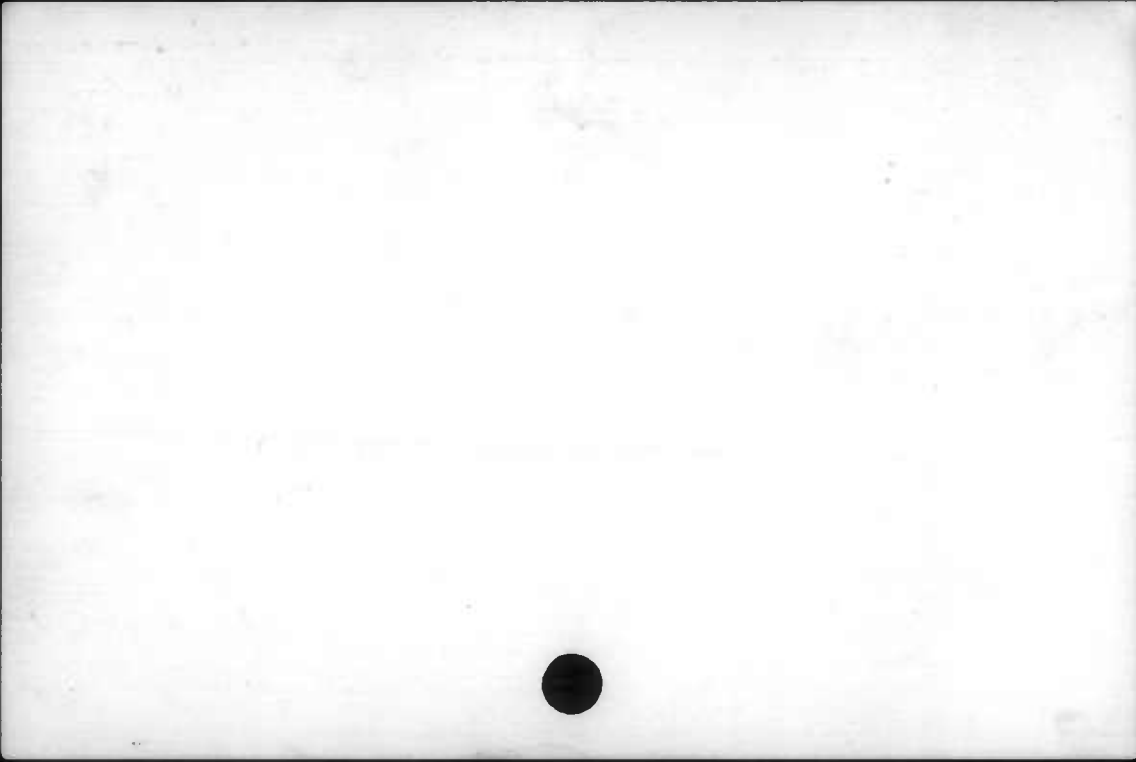
TO BE ANSWERED BY
NEAREST FRIEND

Harrison		County		MARYLAND	
Died at		Town		Owings	
Date of death		Month		Day	
1900		Feb.		14	
Age		Years		Months	
0		0		0	
Sex		Color or Race		Birth-place	
Female		White		Owings, Md.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace		Md.	
Rufus D. Harrison		Md.			
Mother's Maiden Name		Mother's Birthplace		Md.	
Mary Moreland		Md.			
Name of person giving Information		How related to deceased		Father	
Rufus D. Harrison		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Steele born died -	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. H. Gerni
		Address	McKendree, Md.
Accident or Suicide			



Name
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Full

Pauline Helen

CERTIFICATE OF DEATH

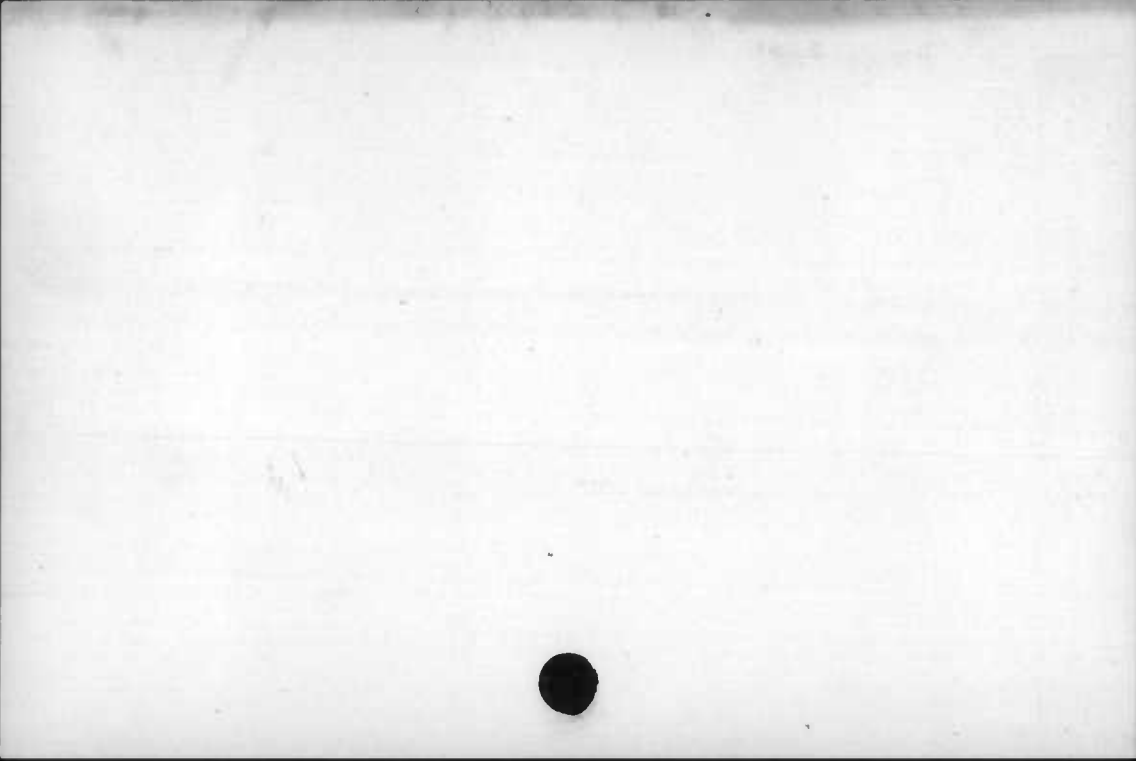
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* TownCounty *Culbert*Date of death *1900* *Feb* MonthDay *11*Age *10* YearsMonths *9*Days *26*Sex *Female*Color or
Race *Colored*Birth-
place *Culbert Co Md*Occupation *None*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Richard Helen*Father's
Birthplace *Culbert Co Md*Mother's
Maiden Name *Sarah Taylor*Mother's
Birthplace *Culbert Co Md*Name of person giving
Information *Eug Taylor*How related
to deceased *Uncle*

CAUSES OF DEATH

*27**✓*PHYSICIAN
OR CORONERPrimary *Bronchitis*How long *Nearly 2 yrs*Immediate *Pulmonary Tuberculosis*How long *about 1 year*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Geo F Chambers*Address *Lusby Culbert Co Md*Accident or Suicide? *—*



Name
in
Full

Richard Jancy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pharm Pt.</u> <u>Calvert</u> County		MAYLAND	
Date of death 19 <u>90</u> <u>Feb.</u> <u>25</u>	Month	Day	Years
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Pharm Pt. (Ind.)</u>	Montha <u>—</u> Days <u>—</u>
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>		
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>Van Jones</u>	How related to deceased <u>None</u>		

CAUSES OF DEATH

Primary <u>Old Age</u>	How long <u>103</u>
Immediate <u>Acute Indigestion</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>W. H. Talbot</u>
	Address <u>Willow Ind.</u>
Accident or Suicida	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wiley Jones*

Town *Sunderland* County *Calvert*

Died at *Sunderland*

MARYLAND

Date of death 19*90* Month *Feb* Day *18* Age *80* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Cal. Geo.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John H Jones*

Father's Name *Not known* Father's Birthplace *Not known*

Mother's Maiden Name *" " "* Mother's Birthplace *" "*

Name of person giving Information *Wid Jones* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* **92** How long *6 days*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. W. Leitch*

Address *Huntingtown Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salomons</i> ^{Town}		<i>Lusby</i> ^{County}		MARYLAND	
Date of death	19 <i>40</i> ^{Month}	<i>Feb</i> ^{Day}	<i>5</i> ^{Age}	Years	Months
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>None</i>		Birth-place	<i>Salomons</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. H. Marsh</i>	
		Address	
		<i>Salomons</i>	
		<i>MD</i>	
Accident or Suicide?			



Name
in
Full

William Chert Shum Moore **CERTIFICATE OF DEATH**

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Shum* ^{Town} — *Calvert* ^{County} **MARYLAND**

Date of death *1990* ^{Month} *Feb* ^{Day} *16* Age ^{Years} — Months — Days *1*

Sex *Female* Color or Race *Colomb* Birth-place *Calvert Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *—* Name of Wife or Husband _____

Father's Name *Skerrin Moore* Father's Birthplace *Calvert Co.*

Mother's Maiden Name *Hessie Jackson* Mother's Birthplace *Calvert*

Name of person giving Information *Steven Moore* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown* ^{How long} —

Immediate *Unknown* ^{How long} —

Are the name, age, sex, color, date and place correctly given above? *Yes*

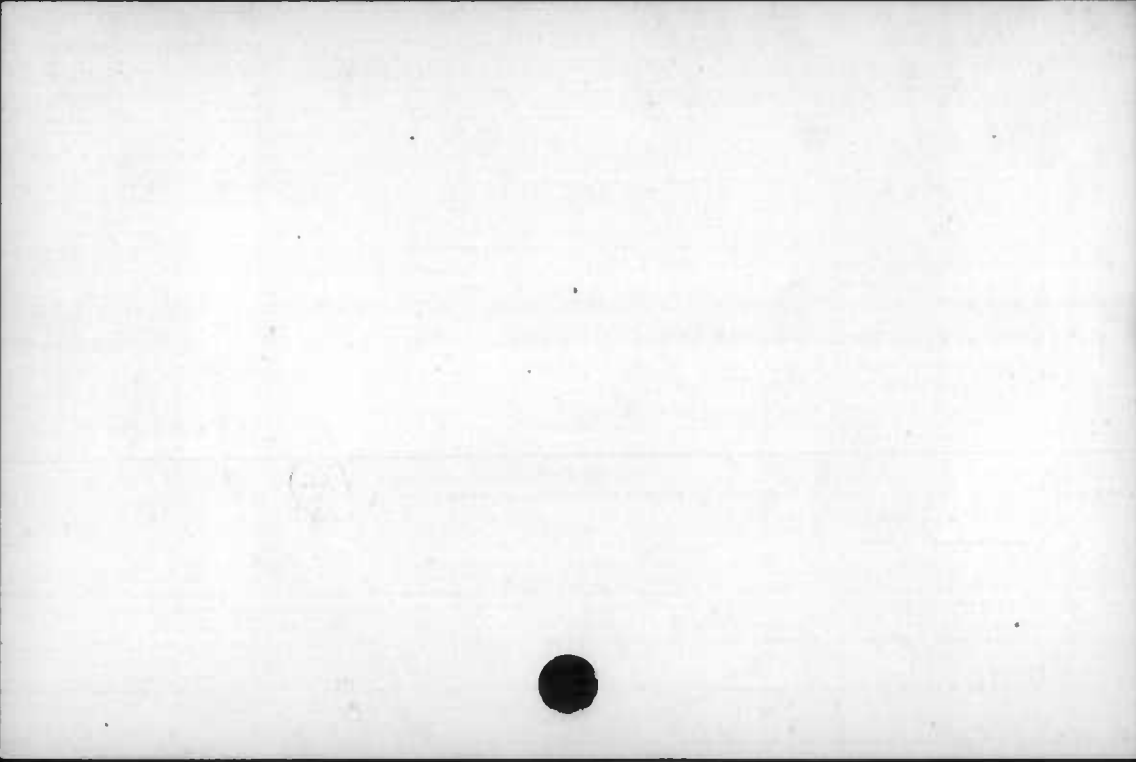
Signature of Physician *P. Rizer Sattley*

Address *inmate*

Accident or Suicide

85
13
22

Name in Full		Elizabeth Pardon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frager</i> Town		<i>Calvert</i> County		MARYLAND	
		Date of death <i>1900 Feb 19</i>		Age <i>84</i> Years		Months <i>11</i> Days <i>4</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co md</i>	
		Occupation <i>None</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Samuel Pardon</i>			
		Father's Name <i>John Sawell</i>		Father's Birthplace <i>Calvert Co md</i>			
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Calvert Co md</i>			
Name of person giving information <i>Robert Pardon</i>		How related to deceased <i>Son</i>					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Dysentery</i>		<i>14</i> How long <i>12 days</i>			
		Immediate <i>Exhaustion</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. F Chambers</i>			
				Address <i>Linsbys Calvert Co md</i>			
		Accident or Suicide? <i>—</i>					



Name
in
Full

Mary Sears

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt-Hammony ^{County} Calvert - MARYLAND

Date of death 1900 Month 2 Day 11 Age 38 Years Months Days

Sex Female Color or Race white - Birth-place Balto Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Joshua Lee Sears

Father's Name John Taylor Father's Birthplace Md

Mother's Maiden Name Unknown Mother's Birthplace Va

Name of person giving Information Joshua L Sears How related to deceased Husband

CAUSES OF DEATH

Primary Pneumonia How long 92 ✓ five days
Immediate Heart-Failure How long Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

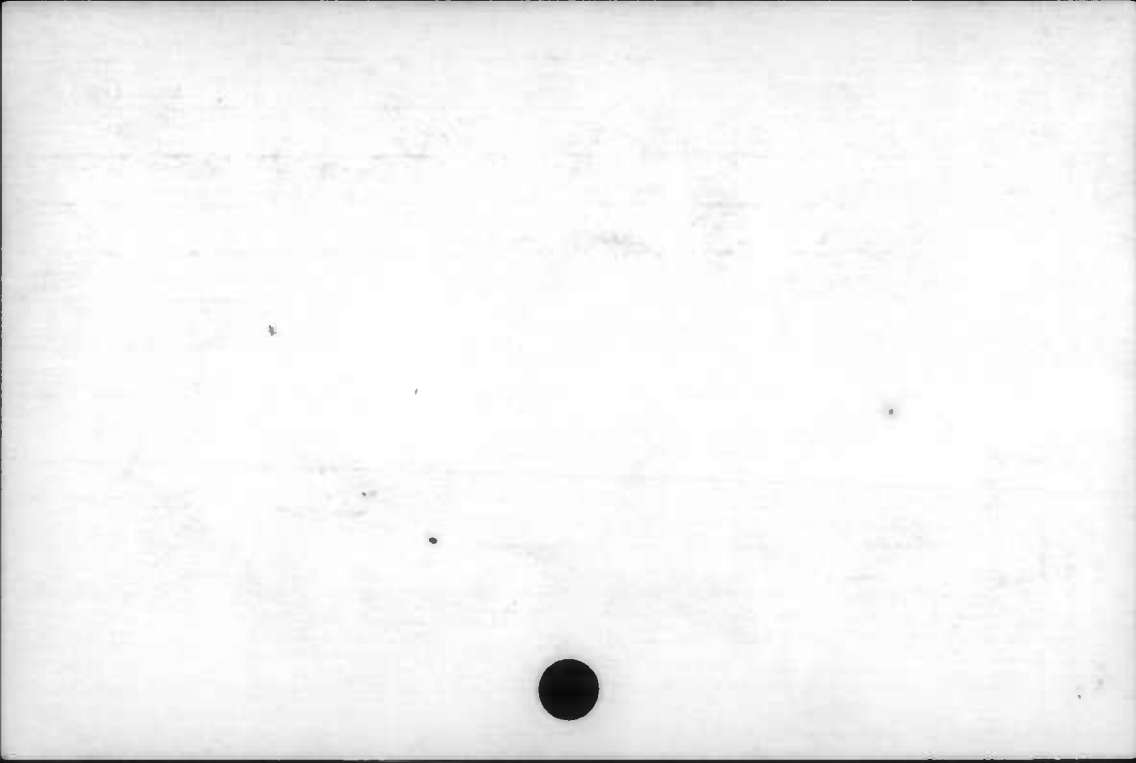
Signature of Physician

Address

J. L. Brayshaw
Friendship
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Salendon Torrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Lusby* TownCounty *Calvert*

MARYLAND

Date of death *1900 Feb*Day *11*Age *—* YearsMonths *7*Days *—*Sex *Male*Color or Race *Black*Birth-place *Balti City Md*Occupation *groom*

Where Residing if not at place of death

Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Eliza Torrey*Mother's Birthplace *Calvert Co Md*Name of person giving information *Rebecca Torrey*How related to deceased *grand mother*

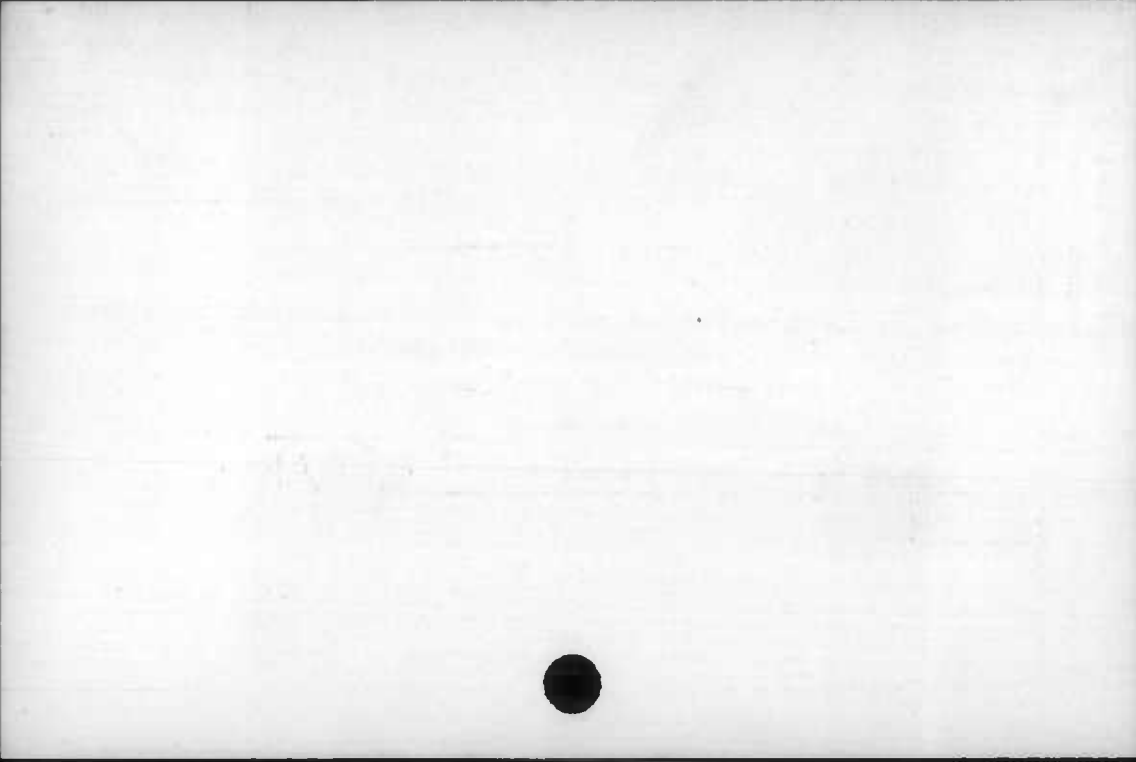
CAUSES OF DEATH

189

Primary *Cold and teething*How long *4 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E. J. Chambers*Address *Sub registrar B of H
Lusby Calvert Co
Md*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sadie C Tucker</i>		Town <i>North Beach</i>		County <i>Calvert</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>7</i>		Years <i>—</i>	
Date of death <i>1960</i>		Age <i>—</i>		Months <i>—</i>		Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>North Beach</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William R Tucker</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sadie C Ward</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Sadie C Tucker</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long <i>Two days</i>
Immediate	<i>Coma</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J L Bragshaw</i>
Accident or Suicide		Address <i>Friendship Ind</i>

Eddie Ward
Address

Name
in
Full

Still Born Infant Tucker

CERTIFICATE OF DEATH

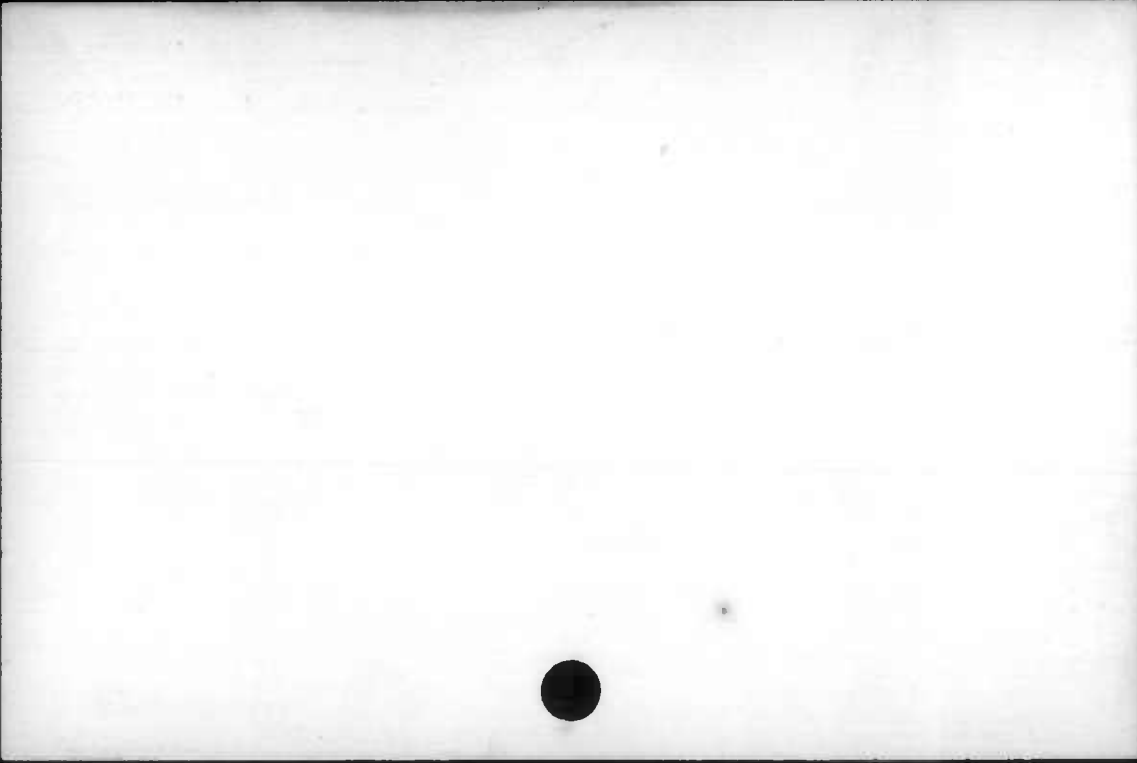
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Beach</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>11</i>	Age	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>North Beach</i>			<i>MD</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm Riley Tucker</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Olivia Patterson</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>W R Tucker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Protracted and difficult Labor</i>	How long <i>24 hours</i>
Immediate <i>Asphyxiation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Brayshaw</i>
	Address <i>Friendship</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Miss Bessie Bower Wilson*Died at *Newtown,*

Town

County *Calvert*

MARYLAND

Date of death *1900 Feb.*

Month

Day

Age *27-*

Years

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Maryland.*Occupation *Housework -*Where Residing if not
at place of death~~Married~~, Single
or WidowedName of Wife or
Husband *Charles Wilson.*Father's Name *John Bower*Father's Birthplace *Maryland.*Mother's Maiden Name *Persilla Wemo.*Mother's Birthplace *Maryland*Name of person giving
Information *William Phillips.*How related
to deceased *Half-brother.*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *one year.*Immediate *Exhaustion*How long *Two months*Are the name, age, sex, color, date
and place correctly given above? *Yes.*Signature of Physician *E. S. Foster, M.D.*Address *Solomon's, Maryland.*~~Accident or Suicide~~PHYSICIAN
OR CORONER

